

**Community Service Network 7 Meeting
DHHS Offices, Biddeford
July 10, 2008**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Don Burns, AIN • Jennifer Goodwin, Counseling Services Inc. • Deanna Mullins, Goodall Hospital | <ul style="list-style-type: none"> • Tony Thompson, MMC Employment Spec, CSN 7 • Jeanne Mirisola, NAMI-ME Families • Chris Souther, Shalom House | <ul style="list-style-type: none"> • Mary Jane Krebs, Spring Harbor & SMMC • Wayne Barter, VOA • Jen Ouellette, York County Shelters |
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Members Absent:

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| <ul style="list-style-type: none"> • Center for Life Enrichment (vacant) • Common Connection/CCSM • Harmony Center/CCSM | <ul style="list-style-type: none"> • Creative Work Systems • Job Placement Services, Inc. | <ul style="list-style-type: none"> • Saco River Health • York Hospital |
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Others/Alternates Present: Deborah Rousseau, MMC Employment Coordinator, CSNs 3-7.

Staff Present: DHHS/OAMHS: Don Chamberlain, William Nelson. Muskie School: Elaine Ecker.

Agenda Item	Discussion
I. Welcome and Introductions	<p>Members opened the meeting with Jeanne Mirisola sharing the multitude of difficulties she repeatedly encounters with the mental health system in her capacity as guardian of her family member with mental illness. Without sharing personal details in this public document, the discussion brought about several important points:</p> <ul style="list-style-type: none"> • There is a lot of public misunderstanding of the role of guardian—resulting in guardians being denied access, information, and their rightful decision-making responsibilities. • People in the various parts of the system often give out conflicting and incorrect information. • Consumers speak about needing a single point of entry to the system—where people have the <u>right</u> answers. • People can spend inordinate amounts of time in Emergency Rooms—Jeanne said they were in York Hospitals' ER from 11 a.m. to 9 p.m. • Family members' knowledge of the person's symptoms and behavior is not taken into consideration in the assessment process in ER. • Family members or service providers accompanying the person in crisis in ERs often have to sit for hours in the waiting room, not knowing what's happening on the other side of the door. There should be periodic communication, at least. "People should never not know what's going on." • If all the players (hospital reps in particular) are not at the CSN table...it's difficult to work through the issues. <p>Mary Jane Krebs offered to meet with Jeanne to go over her experiences in detail. Don encouraged them to document their discussion and keep track of the steps and issues and what these point out about where the system bogs down. Don also recommended that this case be brought to the Region I Hospital/Crisis meeting and that York Hospital should be specifically invited, even though they don't normally attend. Ideally, someone from the ER who participated should also join, perhaps by phone?</p> <p>Don also said to keep this case in mind as the crisis services consolidation process moves forward (Sept-Jan). MOUs will be required among <u>all</u> the players.</p>
II. Review and Approval of Minutes	This item was not addressed at the meeting.

Agenda Item	Discussion
<p>III. Review of CSI Crisis Data</p>	<p>Jennifer Goodwin answered questions and provided more details regarding CSI's crisis data distributed at the last meeting. Key discussion items:</p> <ul style="list-style-type: none"> • Question on jail as a disposition: Often is a fitness for incarceration assessment. It's the choice of the ER doctor whether crisis is called in to do such assessments. Crisis also gets called into the jail—primarily when ARCH is not available or when something more is necessary. • Breakdown of numbers seen in each of the three hospitals? Jen will bring data to next meeting, but said it's proportionate to population: #1: SMMC, #2: Goodall, and #3: York. • Members stated that jail or homeless shelter should be not listed as dispositions. Perhaps “back to life situation” with or without follow-up would be more appropriate? • Important to note that there is quite a difference between what the crisis assessment recommends and what actually happens. Dispositions may not reflect what the team recommended. • Would like to know the difference between recommendation and outcome. Response: That shows narratively, but not statistically. • How many face-to-face contacts are first contacts and how many are follow up? CSI lists only 25 of 649 as follow up or ongoing support contacts. Jen said, “Each time we see a person is a distinct episode.” In the past, CSI kept progress notes for follow-up contacts, but insurance companies would not pay for those as a crisis service. Now CSI assesses everyone every time they see the person and keep full documentation—not so in all areas of the state. • Does crisis reporting need to be consistent across CSNs? A: Standards were developed previously and were revisited last month with some changes made. This is a work in progress, and the differences in services/systems around the state present challenges. These reports will come out monthly to providers and quarterly to all CSN members. <p>Don said OAMHS is most concerned about where people make their first contact with the system, in order to see if improvements are being made in the numbers seen in ER as first point of contact. Discussion followed about why some people are seen in the ER and ways to lessen ER use for MH crises:</p> <ul style="list-style-type: none"> • CSI has a document under process to distribute to ERs. • Educate family members about crisis services? • What's needed re: education may come into the conversation in retooling crisis services. • If crisis receives a call involving dementia, ER is recommended for medical care. Episode could be dementia or behavior induced by UTI (urinary tract infection). • Especially with elderly people, families want to rule out all possible physical reasons rather than consider the person may have a mental illness. • The options crisis workers are equipped to provide are limited. Perhaps the system could include a mid-level person who could provide supports? • How many people did crisis send to ERs? Jen reiterated CSI's commitment to lower ER visits, but also noted that crisis workers have many risk factors they are required to consider in deciding where a person should be seen. <p>ACTION: For the next CSN meeting, Jen will provide the following data collected from a random sample of records:</p> <ol style="list-style-type: none"> 1. How many contacts crisis referred to ERs and why. 2. How many crisis saw in ER who had not contacted crisis first. What is known about how they got to the ER? 3. How many seen in ER went home.

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	Jen also informed that CIT (Crisis Intervention Training) is coming to York County in October.
IV. Consumer Council Update	No representatives of the Consumer Council System of Maine (CCSM) were present at the meeting. Don will check with the Office of Consumer Affairs on status of York County CCSM representatives, since none have been present for several months.
V. Employment Specialist Update	<p>Tony said he had collected over 80 completed Need for Change surveys to-date from CSI Community Integration clients, with 16-18 people indicating a strong or urgent need for change in their employment or education situation. He has opened cases with seven people so far, and one person has been employed. The overall theme, he said, is that people want to work and feel productive—not necessarily 40 hours a week—they could start with just 2 hours and build from there. He also said does not tell potential employers about a person’s mental illness—it’s up to the client to disclose or not. “It’s true competitive employment.”</p> <p>Distribution methods for Need for Change surveys:</p> <ul style="list-style-type: none"> • Request that case managers ask all clients to complete the survey • Receptionist gives to clients who come in for psychiatric appointments • Mass mailing going out from CSI in a week or two <p>Tony noted that though support is building for the belief that everyone can work, there is some reluctance and even discouragement of clients by a few case managers. Jen strongly urged Tony to be sure such incidents are reported to supervisors. Tony said the project is just not taken seriously enough yet. “This is a serious project.” The Need for Change surveys are coming in slowly, probably filtered only to those who want to or “can” work.</p> <p>Don noted that Employment Specialists were placed in agencies with Community Integration to try to affect the agencies and staff.</p> <p>Tony said the Employment Service Network meets monthly to discuss barriers, solutions, and to support each other. The ESN includes representatives from Vocational Rehabilitation, Disability Navigators, Community Work Incentive Coordinators, and others involved in disability employment. Hopefully, the ESN will also involve employers, and activities are planned to involve them.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • A member suggested putting the survey online—CSI and consumer organizations. • Will you be cultivating relationships with employers? Yes, that will be part of the process. • Will the survey results be available at some point? Yes, we will have that information.
VI. Transportation Subcommittee	<p>Don Burns told the group that Connie Garber, Director of YCAP, is willing to come to a CSN meeting if the purpose is clear. Jen expressed the purpose: We would like to know all transportation options available to people in this county, where the lines of service run, the criteria for utilizing those options, are they MaineCare reimbursable, etc.</p> <p>ACTION: Don will invite Connie to the August 14th CSN meeting to provide the information above.</p>
VII. Wraparound Funds	Members received a copy of the current OAMHS Statewide Wraparound Funds Disbursement Policy dated August 9, 2001. Don explained that distribution has historically been done in a variety of ways around the state, e.g. provider agencies, regional offices, etc., and resulted in inequities and unsystematic availability. OAMHS initially planned to pool the FY 2009

Agenda Item	Discussion
	<p>wraparound funds and distribute through the regional offices; but due to “pushback and discussion,” OAMHS is asking each CSN to decide the process for their area. Possibilities could include establishing a CSN subcommittee to review applications, the CSN could recommend an agency to administer the funds or request that the regional office administers the funds, CSNs could review the list and prioritize the most urgent needs in their area, etc.</p> <p>Half of the wraparound funds will be distributed using the existing contracts through December. CSNs need to come up with a plan for January through July (2009).</p> <p>Discussion will continue at the September CSN meeting.</p>
VIII. Other	No items.
IX. Public Comment	None.
X. Meeting Recap and Agenda for Next Meeting	<p>See ACTION items above.</p> <p>York County Transportation Resources – Connie Garber Legislative Session January 2009 Consumer Council System Update Employment Specialist Update</p>